

The DIRECT Care for the Homeless Act (of 2023*)

Topline Summary: The DIRECT Care for the Homeless Act creates a four-year pilot program within HHS which expands street medicine access for the unsheltered homeless. In the third year, a GAO report will be published to assess the efficacy of the program.

Street medicine providers will be able to participate in the program if they work in a city or county which has 150 unsheltered homeless per 100,000 residents. The bill provides for requirements street medicine providers must meet to be reimbursed, and HHS will establish a clear reimbursement process. Providers within the program cannot be reimbursed for supervised consumption of schedule I drugs, fentanyl, cocaine, and methamphetamine.

The bill expands Public Service Loan Forgiveness eligibility to community service officers, who are defined as professionals or paraprofessional law enforcement who do not respond to emergencies, do not carry firearms, and do not have power of arrest. It also provides for medical students and residents part of a medical or residency program which, in part, focuses on street medicine, to be eligible for a pause on their student loan payments without accruing interest. It also requires homeless shelters to provide menstrual products for all menstruating residents and maintain a non-invasive security camera system; shelters have control over how much they pay for cameras (e.g., security cameras purchased on Amazon cost as low as \$39).

The DIRECT Care for the Homeless Act does not increase current levels of spending. It authorizes the Secretary of HHS to allocate existing funds she or he deems necessary for this program.

Sponsor – Rep. Lori Chavez-DeRemer (OR-05), *Republican*

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The Need for DIRECT Care: Our communities are living through an unprecedented homelessness crisis, and our unsheltered neighbors have been abandoned by a healthcare system designed for the sheltered. Many of these individuals face substance abuse and mental health disorders that go untreated in part due to a lack of accessible, affordable health care options.

Street medicine providers fill this gap in care by going directly to patients – providing care on the streets, in encampments, and any place homeless individuals live. To operate under the assumption that Congress is able to fight the homelessness crisis without ensuring access to dual-diagnosis care is a waste of valuable time. Streamlining access to dual-diagnosis care, or care for both substance abuse and mental health disorders, will help homeless individuals take the first step to transitioning off the streets and into safe and stable housing.

This community is overwhelmingly uninsured. And, for those who are – either through Medicaid or Medicare – their primary option is being forced to seek care in clinics miles from where they live. Street medicine is a direct, accessible source of care, serving as a lifeline for dual-diagnosis patients; finally able to receive sustained care and lift themselves out of homelessness.